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To: **Eric Olson** - Patent Examiner / **Shaojia Anna Jiang** - Supervisory Patent Examiner
Art Unit: 1623 Application/Control Number: 10/627,358 - Peter Migaly
PTO fax phone: 571-273-8300 phone: (571)272-0627

From: Peter Migaly: migaly1@earthlink.net, FAX:(724)327-8887, cell phone:(724)840-0464

Dear Eric Olson, and/or Shaojia Anna Jiang, January, 26 2007 Re: Follow up (Total # of pages:1)

Please note that my reply to the first office action had been respectfully submitted and mailed to the PTO on January 17, 2007.

Please note, that the Applicant have lost his attorney representation, and is relying on your guidance.

Please let me know if there is anything I should do at this time. Please also let me know if for any reason there would be a mistake in the transmitted fee calculation, etc - so that I can correct it in a timely manner. If you would have any question please do not hesitate to call me.

The Applicant's best to reach cell phone number (voicemail identifying him) is:
(724)840-0464

Thank you,

Peter Migaly
Peter Migaly, M.D.

Copy - as submitted on Jan 17, 2007

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PTO/SB42 (01-06)

Application Number: 10/627,358
Filing Date: July 25, 2003
First Named Inventor: Peter Migaly
Art Unit: 1614
Examiner Name: Eric Olson
Attorney Docket Number: 350194-00001

REVOCAION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith
OR
☐ I hereby appoint the practitioners associated with the Customer Number: []

☐ Please change the correspondence address for the above-identified application to:
☐ The address associated with Customer Number: []
OR

☒ Firm or Individual Name: Dr. Peter Migaly
Address: P.O. Box 237
City: Blairsville State: Pennsylvania Zip: 15717
Country: United States of America
Telephone: (724) 840-0464 Email: migaly1@earthlink.net
I am the:
☒ Applicant/Inventor.
☐ Assignee of record of the entire interest. See 37 CFR 3.71.
☐ Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE OF Applicant or Assignee of Record

Signature: *Peter Migaly*
Name: Peter Migaly
Date: January 17, 2007 Telephone: 724 840-0464

NO. 18 Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required. See below.

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